

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/377,866	08/20/99	514	1614	7381.111
APPLICANT WALTER E. KOZACHUK, KENSINGTON, MD.				
**CONTINUING DOMESTIC DATA***** VERIFIED THIS APPLN IS A CON OF 08/948,319 10/10/97 PAT 5,942,540 WHICH IS A CIP OF 08/632,338 04/10/96 PAT 5,728,728				
**371 (NAT'L STAGE) DATA***** VERIFIED				
**FOREIGN APPLICATIONS***** VERIFIED				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/02/99 ** SMALL ENTITY **				
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY MD	SHEETS DRAWING 0	TOTAL CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____				
ADDRESS JOSEPH A RHOA ESQ MYERS LINIAK & BERENATO 6550 ROCK SPRING DRIVE SUITE 240 BETHESDA MD 20817				
TITLE METHODS OF PROVIDING SYMPTOMATIC AND PROPHYLACTIC NEUROPROTECTION				
FILING FEE RECEIVED  \$445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	